

ESOP XVIII Stuttgart, Germany, 1999 August 5-11

Registration Form

To be mailed/faxed/sent before 15th June 1999 to Schwäbische Sternwarte e.V.
Organisation ESOP
Seestrasse 59/A
D-70174 Stuttgart, Germany
Fax: (+ +49) 711 2 26 08 95
Email: esop-99@sternwarte.de



Please print clearly!

Title (Prof, Dr, Mr, Mrs, etc.): \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web page: http://\_\_\_\_\_

Name(s) of accompanying person(s): 1. \_\_\_\_\_

Please mark for:

Regular conference member = M 2. \_\_\_\_\_

Participant "Ladies Program" = G (Please use an extra copy for more persons)

Time and date of arrival: \_\_\_\_\_ Time and date of departure: \_\_\_\_\_

Please book accomodation in Hotel : Single room [ ] Double room [ ]
DM 95,- DM 55,- per person and night

in Guest House : Single room [ ] Double room [ ]
DM 50,- DM 35,- per person and night

for following nights: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
date: 5./6. 6./7. 7./8. 8./9. 9./10. 10./11. 11./12.

Optional hotel arrangement for grazing observers (night 10./11.) northern limit [ ] southern limit [ ]
Single room [ ] DM 70,- Double room [ ] DM 50,- per person

No, I will make my own accomodation arrangements [ ]

Further costs and contributions:

- [ ] Symposium fee for regular participants: DM 100,- / person
[ ] Symposium fee for one day participants: DM 40,- / person
[ ] Symposium's "Ladies Program": DM 60,- / person
[ ] Symposium dinner, Saturday, 7th August: DM 50,- / person
[ ] Excursions and eclipse program: DM 90,- / person
[ ] vegetarian meal(s) [ ]

Payments

Prepayment (deposit) of at least 50% of total fees and accomodation costs is required accompanying the registration, at the latest by June 15, 1999 !

Amount paid : [ ]

[ ] I enclose a cheque/money order

[ ] I have arranged for direct bank transfer made to the account of Schwäbische Sternwarte e.V.
SPARDA-Bank Stuttgart e.G.
account no. 11070 1893
bank-code-number 600 908 00

[ ] EUROCARD/Master Card [ ] VISA Credit Card
Credit Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

The balance of the costs will be paid in DM on arrival at ESOP, Stuttgart.

Name + signature: \_\_\_\_\_ Date: \_\_\_\_\_